

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

Not Applicable.

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|-------------------------------|---|
| STATE <u>Arkansas</u> | A |
| DATE REC'D <u>JUL 03 1995</u> | |
| DATE APP'D <u>SEP 29 1995</u> | |
| DATE EFF <u>JUL 01 1995</u> | |
| HCFA 179 <u>95-20</u> | |

TN No. 95-20

Supersedes 90-15

TN No. 90-15

Approval Date: 9/29/95

Effective Date: 7/1/95